STATE MEDICAID DUR BOARD MEETING

THURSDAY, MARCH 10, 2005
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present:
Charles M. Arena, M.D.
Lowry Bushnell, M.D.
Dominic DeRose, R. Ph.
Karen Gunning, Pharm D.
Bradford D. Hare, M.D.
Wilhelm T. Lehmann, M.D.
Joseph K. Miner, M.D.
Bradley Pace, PA-C
Colin B. VanOrman, M.D.

Board Members Excused:
Derek G. Christensen, R.Ph.
Jeff Jones, R.Ph.

Dept. of Health/Div. of Health Care Financing Staff Present:
RaeDell Ashley
Merelynn Berrett
Richard Sorenson
Brenda Strain
Suzanne Allgaier
Tim Morley
Duane Parke

Other Individuals Present:
Craig Boody, Lilly
Alex Roubanis, Eyetech
Shannon Beatty, MedImmune
Troy Benavidiz, AstraZennica
Teresa Keane, Purdue
Alan Bailey, Pfizer
Toby Cox, M.D.
Gary Oderda, U of U
Fred Morse, BMS
Shawn Prince, Elan
Pierre Thoumsin, Amgen
Tim Smith, Pfizer
Oscar Fuller, CMS
Joe Busby, Lilly
Cap Ferry, LEC
Chris Brown, Sepracor

Meeting conducted by: Lowry Bushnell

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1. Minutes for February 2005 were reviewed, corrected and approved.

2. The Palladone prior approval initiative was discussed. Teresa Keane, medical liaison for Purdue, read a statement about the indications, and dosing stating that an 8:1 ratio is a conservative conversion for Palladone to morphine. Ms. Keane submitted summaries of analgesic potency studies for Palladone and morphine and summaries of clinical trials. Brad noted that in practice, a 5:1 conversion is the more commonly applied conversion

for opioid tolerant patient. Upon receipt, Dr. Hare will review the studies referenced by Ms. Keane for next month. The issue was tabled until next month.

3. Duane discussed Macugen (pegaptanib sodium) by Eyetech, a subsidiary of Pfizer, the new ophthalmic agent indicated for the treatment of neovascular (wet) age-related macular degeneration (AMD). Macugen works by blocking vascular endothelial growth factor (VEGF), a protein that promotes blood vessel growth. Duane noted that the cost is $1,200 per dose, given intravetriously, which means that the product would be used exclusively in a physician's office and would not be available through pharmacies. He noted that the Moran Eye Center seeks to use this product for 1-2 years period. It is proposed that this product be placed on prior approval through the physician's office, using a J-code for billing purposes. Since this would be used primarily for patients age 65 and over, Medicaid would only cover what Medicare does not cover. Brad asked if there is any methodology to measure the efficacy at 3 or 6 month intervals. Alex Robanis, Eyetech, will address this next month. This issue was tabled until next month.

   Brad asked why the DUR Board is considering agents that are covered in a physician's office rather than outpatient prescriptions. Duane said that the Division has asked that the DUR Board pick up this case load as there is no other program that will handle these type questions.

4. Duane discussed House Bill 268 which originally had several goals, one being setting aside any prior approval requirement by the physician. The Division was able to strike this part of the bill, the part that requires the Division to post the agenda 30 days in advance was retained.

5. Duane noted that the Division has directed the drug program managers to start developing a preferred drug list model for Medicaid. The model is to consider using the Oregon Health & Science University's Center for Evidence Based Policy as a source for criteria sets. The model would also consider joining a multi-state purchasing pool. A P&T committee would ultimately submit drug sets to the DUR Board for those non preferred drugs to be placed on prior approval. Charles asked for a copy of the law ceding the authority for PA to the DUR Board. He noted that current law [26-18-105] states that no drug may be placed on prior approval for other than medical reasons. Duane noted that he will bring the original law to the next meeting.

   RaeDell noted that if all drugs within a drug class are deemed equally safe and efficacious by an evidence based center, and a P&T committee, then cost becomes the determinate for position on a preferred drug list. This issue was tabled until next month.

6. Dr. Toby Cox, a pediatrician, petitioned the DUR Board to extend the availability of Synagis coverage through April. Synagis is used for high risk children to prevent serious RSV infection. He noted that the RSV season typically starts in November. The season is considered ended when local virology, in Utah, Primary Childrens' Medical Center (PCMC) has less than five new cases within two weeks. Duane noted that pediatricians started requesting Synagis in August. The criteria provides for 5 doses per season, so it appears that pediatricians mis-managed the use of this drug. Joe Minor asked that since PCMC is used as a determinate as when the RSV season ends, isn't it reasonable to use PCMC as the determinate as to when the RSV starts? Charles asked what mechanism is used to notify physicians of the status of the RSV center? Toby replied that there is a

website run through the U of U, Department of Pediatrics, using data from PCMC, that graphs the season. Toby recommended that next year the Division start coverage only after PCMC has established that the RSV season has started. Karen requested that the criteria be amended to allow extension of the coverage to the end of RSV season. The DUR Board moved to extend Synagis coverage through April 2005. Karen requested that the criteria be amended to allow extension of the coverage to the end of RSV season.

7. Duane purposed that a cumulative limit be established for the short acting schedule II narcotics. He discussed a handout that showed excessive use of these agents for some clients. Brad noted that a cumulative limit made sense. Duane noted that the Division is still trying to establish coverage for a pain management program that would include psychiatric and physical therapy consults as well as short term management by a certified pain specialist. The DUR Board requests that a proposal for cumulative limits be developed and presented.

Next meeting scheduled for April 14, 2005.
Meeting adjourned.

The DUR Board Prior Approval Subcommittee convened and considered five petitions.